FACILITATING ACCESS TO HEPATITIS C TREATMENT TO PEOPLE WHO INJECT DRUGS (PWID) IN GEORGIA

RESULTS OF A PEER SUPPORT INTERVENTION

Dr Julie Bouscaillou – Epidemiology advisor, Médecins du Monde

Context

No global HCV elimination without PWID

- 5% of HCV cases in PWID, still often excluded from treatment programs and national policies
- Global Health Sector Strategy on Viral Hepatitis 2016-2020 → global targets of reducing new viral infections by 90%, and deaths due to viral hepatitis by 65% by 2030
- Need for concrete solutions to scale-up HCV treatment in PWID

The Georgian challenge

- National Elimination Plan since April 2015 → HCV elimination by 2020
- 7.1% of HCV in general population, at least 25.6% of the cases in PWID

→ Need to be considered as a priority target for prevention and treatment

A model of care for PWID

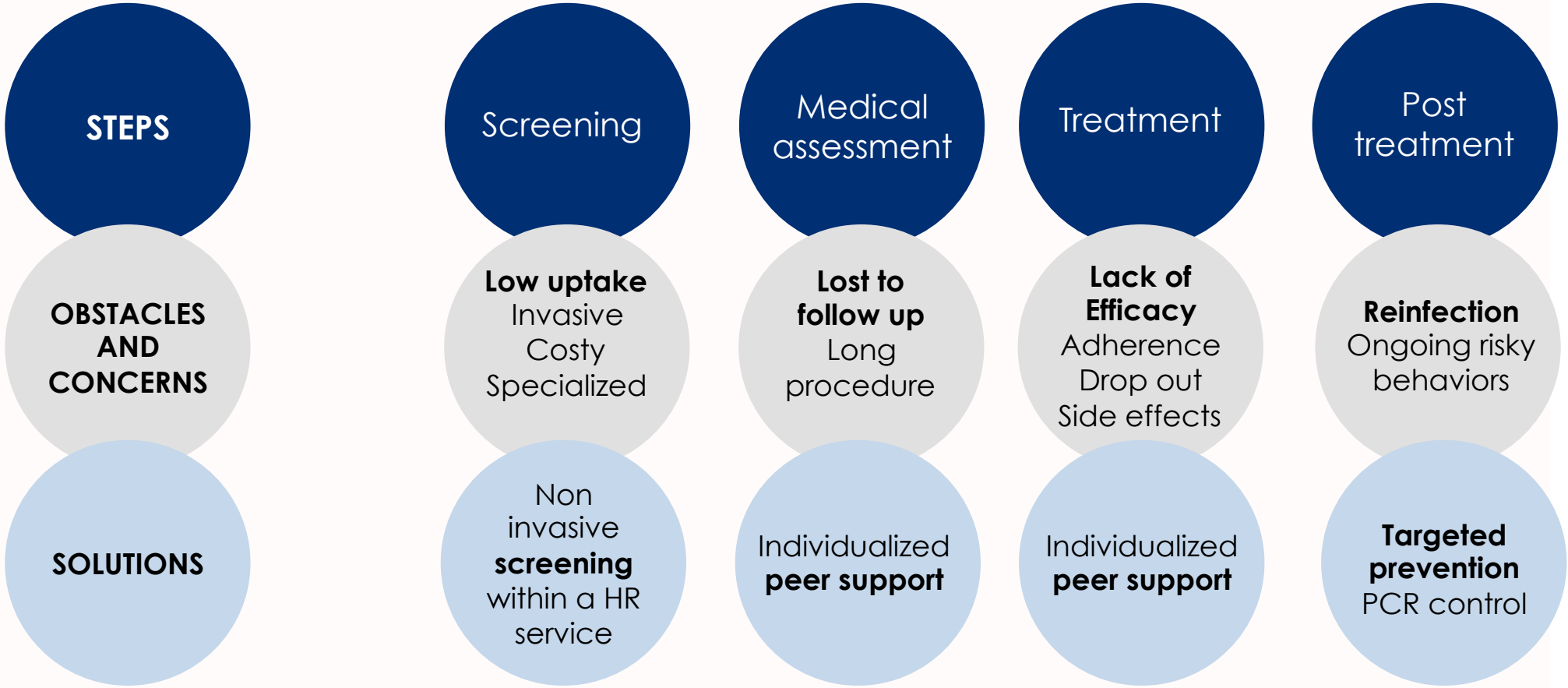
Developement of a model of care in collaboration with New Vector and Neolab with the objectives, for PWID, to:

- Facilitate the access to the National Elimination plan
- Achieve high adherence and SVR12
- Improve the behaviors at risk of HCV transmission and lower the risk of reinfection

Objectives

To show that treatment of PWID is efficient and feasible, and to provide a model to scale-up to other regions of Georgia in the framework of the second phase of the HCV elimination program.

Conceptual framework



Intervention content - Screening

Eligibility criteria for treatment of phase 1 of the elimination program = Chronic infection + liver fibrosis F3 or more

HR center used as entry point to the national treatment program

- Sceening offered to the usual users of the HR service

Screening algorithm: RDT + Liver elastometry

- Only people RDT+ with liver fibrosis F2-F3 or more (or inconclusive) sent for medical assessment

Intervention content – Peer support

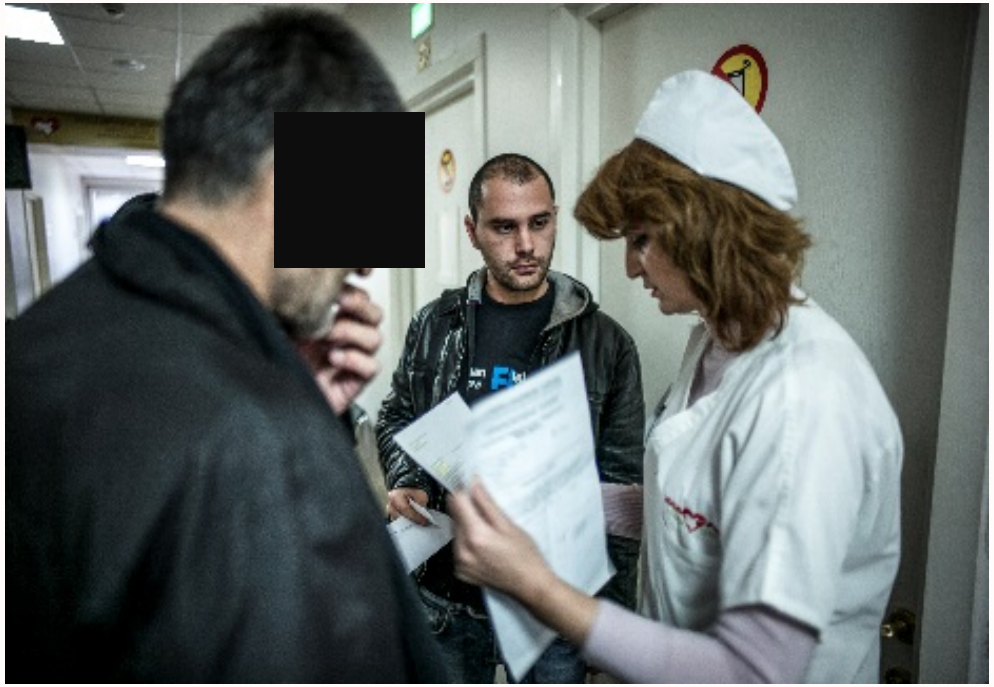
1 Peer-worker referent for ~40 PWID:

- Three mandatory individual face-to-face sessions (social assessment at the time of screening, treatment start, and end of treatment)
- Patient group discussions at the HR center /month
- On demand support (paperwork, escort, mediation with medical staff)
- Defaulters tracking

Intervention content – Medical care

Only authorized medical center allowed to deliver HCV treatment in the first phase of the National Elimination Program

Treatment Sofosbuvir/RBV+/-PegIFN



PWID-friendly medical center

- Medical staff used to have PWID patients

Focal point at the medical center

- Liaison between medical staff and peer workers
- Schedule management

Intervention content – Reinfection control

Targeted prevention at the HR center:

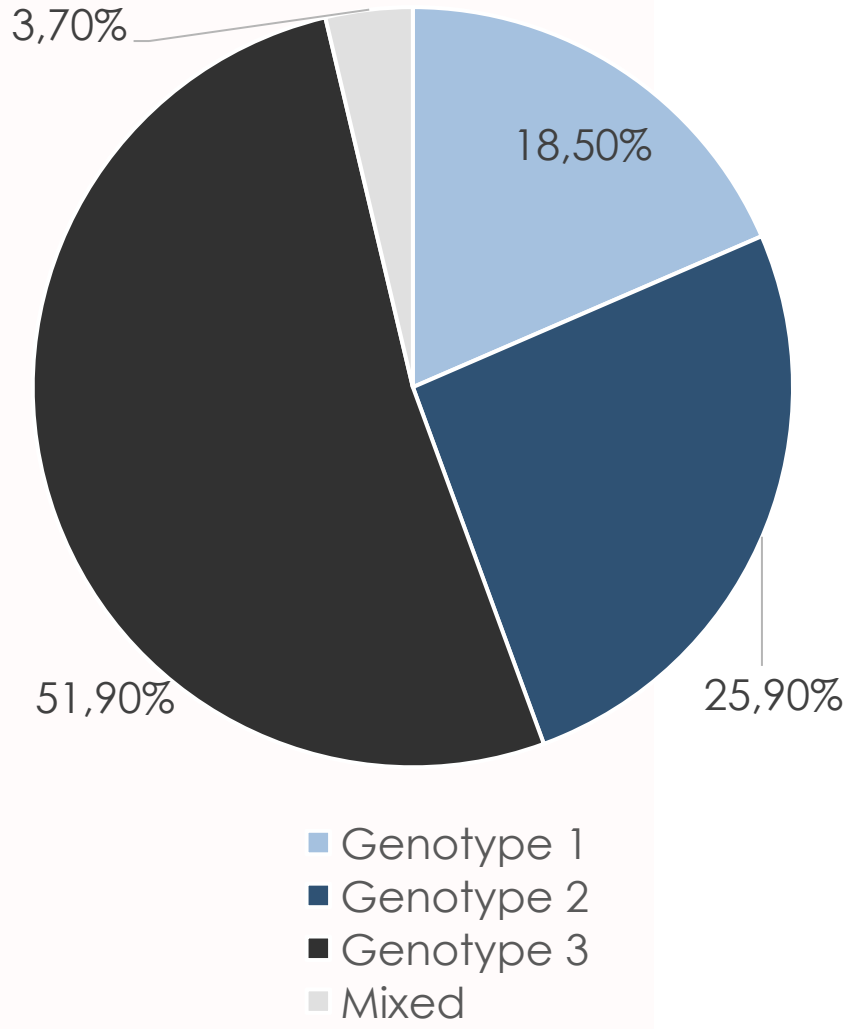
- Tools and messages developed to address the behaviors at risk of HCV transmission the most frequently observed in the treated population
    - Sharing of paraphernalia and tourniquet
    - Use of pre-filled syringes
    - Filling syringe from shared container
    - Being assessed/injected by another person
    - Assisting/injecting anoteger person
- Face-to-face counseling session at 6 and 12 month after SVR12 control

PCR control

At 6 and 12 month after SVR12 control

Population included in the cohort (n=244)

Profile	Mean age	46.3
	Men	99.2%
	Injected the month prior to treatment	49.8%
	With OST	24.1%
HCV & coinfections	HBV HIV	4.5% 0.0%
	Cirrhosis	49.0%
	Mixed genotype Gen 1 Gen 2 Gen 3	3.7% 18.5% 25.9% 51.9%
Treatment	Past treatment	3.3%
	Treatment with peglfn Sof/Rbv Harvoni +/- Rbv	43.4% 53.3% 3.3%
	12 weeks 20 weeks 24 weeks 48 weeks	57.4% 11.9% 30.3% 0.4%

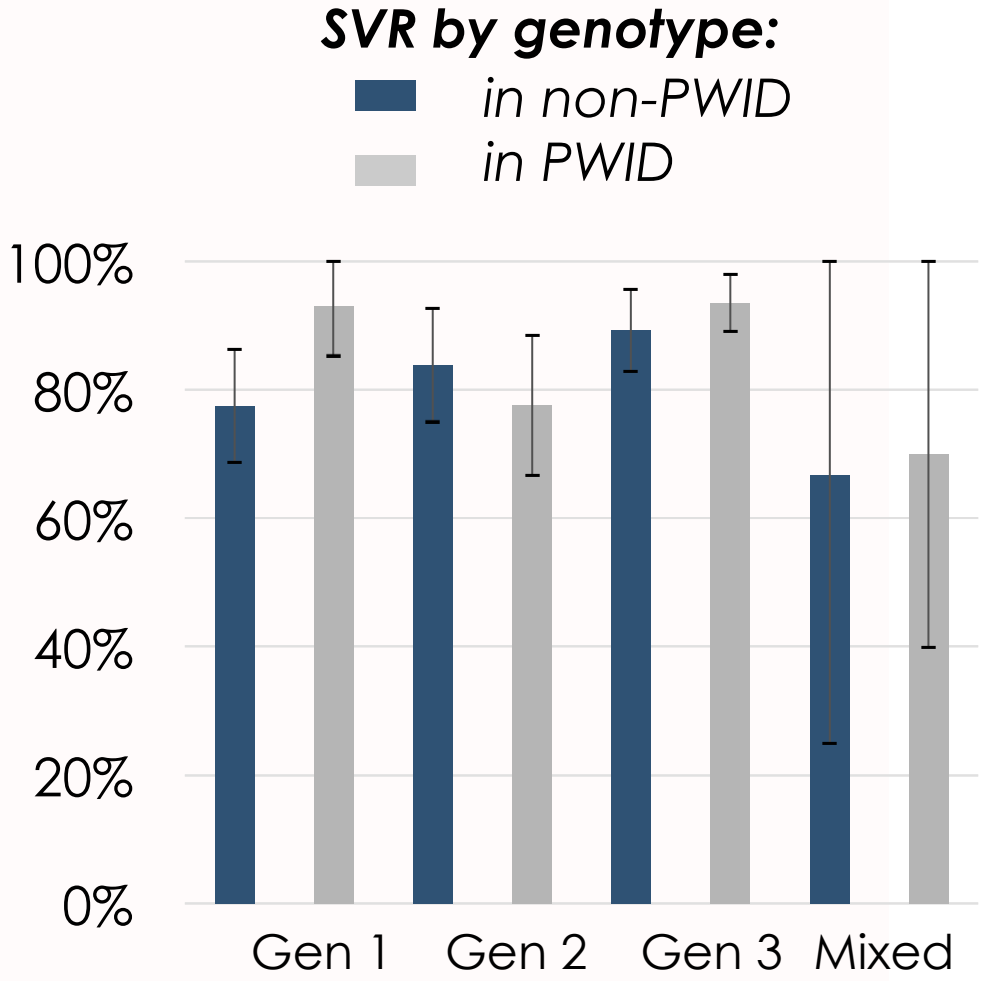


Adherence and SVR

Treatment completion
→ 97.95%

Sustained virologic response
→ 88.5%

- Significantly associated with cirrhosis status and genotype not with drug use during treatment
- No significant when compared with non-PWID



Incidence of reinfection

Study population:

- People of the cohort with sustained virologic response at 12 month
- PWID HCV negative (antibodies or PCR) at the time of the screening to enter the cohort (may to september 2015)

Methods

Assessment of behaviors at risk of HCV infection + PCR at 6 and 12 month after the SVR12 control (and at 6 month of interval for control group)

	N	Duration of follow-up	Median time of follow up	# of new HCV infection	Incidence
Cured	150	138.9 Person-Years	0.80 years	2	1.4%PY
Comparison group	19	15.5 Person-Years	0.87 years	2	12.9%PY

Incidence rate ratio: 0.11 [0.008 – 1.54]

HCV cascade of care in PWID

100 people eligible to treatment screened at HR center

96.6 start the medical assessment

3.4% of lost to follow-up between the HR center and the medical center

94.7 start the treatment

2% of LTFU before treatment, 73 days before treatment start in average

92.8 complete the treatment

2% of early treatment stop (serious adverse events)

90.9 come for SVR12 control

2.1% did not come for SVR12 control

80.4 are cured and know it

SVR12 of 88.5%

79.3 remain uninfected after one year

Incidence of reinfection of 1.4% per year

Aknowledgements

- To the PWID community and more especially the study participants
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- Neolab
- Médecins du Monde team in Tbilisi, and Paris